



DELBERT HOSEMANN
Secretary of State

OFFICE OF THE SECRETARY OF STATE
P O BOX 136, JACKSON, MS 39205-0136 (601)359-1633

Mississippi LLC Certificate of Formation

The undersigned hereby executes the following document and sets forth:
(fields marked with an asterisk are required)

1. Name of the Limited Liability Company: (The name must include the words "Limited Liability Company" or the abbreviation "LLC" or "L.L.C.")

⇒ * Soul City Hospitality LLC

2. The future effective date is
(Complete if Applicable) _____

Business Email Address: JEFFG@BRAVOBUZZ.COM

3. Federal Tax ID if available (Do not put Social Security Number in the box)

⇒ _____

4. Name and Street Address of the Registered Agent and Registered Office is (must be in Mississippi)

⇒ *Name W. David Watkins, Jr.

⇒ *Physical Address 3317 N. State St.

⇒ P.O. Box _____

*City Jackson * State MS * Zip5 – Zip4 39216

5. If the Limited Liability Company is to have a specific date of dissolution, the latest date upon which the Limited Liability Company is to dissolve is

⇒ _____

6. Other matters the managers or members elect to include: (Attach additional pages if necessary)

⇒ _____

⇒ _____

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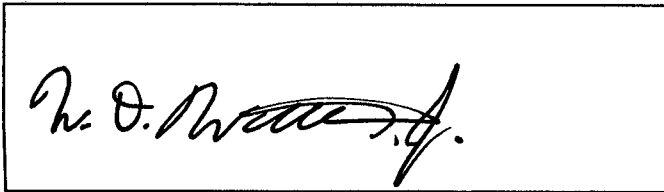
OFFICE OF THE SECRETARY OF STATE
P O BOX 136, JACKSON, MS 39205-0136
(601)359-1633

Certificate of Formation

7. Signatures: This certificate must be signed by at least one member, manager, or organizer. The name, title, and address of each signer should be included in the spaces indicated. This page may be duplicated for additional signatures.

* Printed Name W. David Watkins, Jr. * Title Manager

* By: Signature



(please keep writing within blocks)

Street and Mailing Address

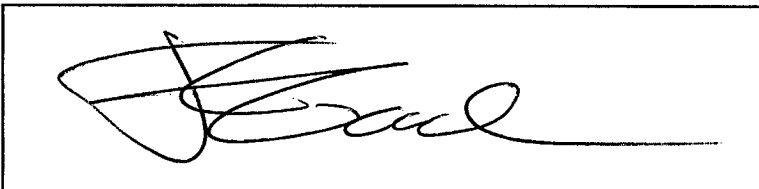
⇒ * Physical Address 3317 N. State St.

⇒ P. O. Box

⇒ * City Jackson State MS Zip5 - Zip4 39216

Printed Name Jeff Good Title Manager

By: Signature



(please keep writing within blocks)

Street and Mailing Address

⇒ Physical Address 3317 N. State St.

⇒ P. O. Box

⇒ City Jackson State MS Zip5 - Zip4 39216

3349928

Law Office of
DAVID PHARR
JACKSON, MISSISSIPPI

Mississippi Secretary of State
Business Services Division
P.O. Box 136
Jackson, MS 39201-0136

March 7, 2014

RE: Soul City Hospitality LLC; Certificate of Formation.

Dear Sir or Madam:

Enclosed please find the original and one copy of a Certificate of Formation for Soul City Hospitality LLC, a Mississippi limited liability company, along with a check for \$50.00.

Please file this document and return a "filed" copy to me in the enclosed self-addressed stamped envelope.

Should you have any questions, or should I need to furnish further information, please feel free to contact me at the below-listed address and telephone number.

Thank you in advance for your assistance.

Sincerely,



David K. Pharr